

Arizona Game and Fish Department
5000 W Carefree Highway
Phoenix, AZ 85086-5000
602-942-3000
www.azgfd.gov

For Department Use Only

Date Received _____ Region _____
Approved Date _____ Denied Date _____

Approved By _____

Please Print or Type

****Social Security Number is voluntary-to be used for Sportsman's Database Only****

APPLICATION FOR CHAMP PERMIT

FEE: NONE

The Arizona Game and Fish Department may issue a CHAMP Permit to those who have a severe permanent disability or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, intellectual disability, muscular dystrophy, musculoskeletal disorders, neurological disorders, paraplegia, pulmonary disorders, quadriplegia and other spinal cord conditions, sickle cell anemia, and end stage renal disease or a combination of permanent disabilities resulting in comparable substantial functional limitations.

Name	Date of Birth	Phone		
Mailing Address	City	State	Zip	
Physical Address	Resident	Nonresident		
Dept ID/SSN	Email			
Gender	Height	Weight	Eyes	Hair
Applicant Signature			Date	

Health Care Provider Certification

I hereby certify that _____ meets the requirements for a CHAMP.

"Health Care Provider means" a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials: Medical Doctor, Doctor of Osteopathy, Doctor of Chiropractic, Nurse Practitioner or Physician Assistant.

Health Care Provider's Name _____
(Please Print)

License Number _____ Phone Number _____

Name of Medical Facility _____

Address of Medical Facility _____

City _____ State _____ Zip _____

Health Care Provider's Signature _____

It shall be unlawful for any person to obtain by fraud or misrepresentation a license to take wildlife. Such license fraudulently obtained shall be void from the date of issuance. I hereby certify that the above statements are true.